

Seed Board File 3: _____

SEED ARBITRATION LABELER DATA FORM*

**This form must be filled out for each seed lot and returned in 21 days.*

Date: _____ **Seed Lot Number:** _____

Seed Dealer (Labeler)

Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Phone: _____ **Fax:** _____

Email: _____

Grower (Complainant)

Name: _____

Business Name: _____

Address: _____

City: _____ **State** _____ **Zip** _____

Phone: _____ **Fax:** _____

Email: _____

Date you were first made aware of this complaint? _____

What response did you make? _____

(Attach any reports made)

Crop Kind _____ Variety/Hybrid _____

Lot Number _____

Grower: _____

Harvest Date _____

Bulk Preliminary Germination % (*attach copy*): _____

Date Conditioned _____ Date Lot Moisture _____

Conditioned Lot Germination % (*attach copy*): _____Conditioned Lot Purity Test (*attach copy*): _____Other Tests (*Vigor, TZ, etc.; attach copies if available*) _____

Storage Conditions _____

Shipped (List all locations)	Date	Quantity

Regulatory Seed Samples//Reports (*Attach all available copies*)

List Dates	List Germination Results

Were there any other complaints received on this seed lot: ☐ Yes ☐ No

If YES checked, how were they settled?

Return to:

G. Edward Martin, Seed Administrator
Plant Industry Division, Seed Section
North Carolina Department of Agriculture and Consumer Services
1060 Mail Service Center
Raleigh, NC 27699-1060